

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:
400163870

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10110
2. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC
3. Address: 503 MAIN ST
City: WINDSOR State: CO Zip: 80550
4. Contact Name: Lisa Pfizenmaier
Phone: (970) 686-8831
Fax: _____

5. API Number 05-123-31498-00
6. County: WELD
7. Well Name: HCW
Well Number: 24-14
8. Location: QtrQtr: SWSW Section: 24 Township: 6N Range: 67W Meridian: 6
9. Field Name: LAPOUDRE Field Code: 48125

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 02/16/2011 Date of First Production this formation: 02/18/2011
Perforations Top: 7110 Bottom: 7130 No. Holes: 80 Hole size: 38/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac the Codell with 4126 bbls Slickwater and 115,000# 30/50 sand. Spearheaded 500 bbls 7% KCL ahead of frac. Treat at an average of 4663 psi at 61.4 bpm. Max. pressure 6073 psi Max. rate 61.8 bpm

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/27/2011 Hours: 24 Bbls oil: 40 Mcf Gas: 83 Bbls H2O: 2
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 2075
Test Method: Flowing Casing PSI: 225 Tubing PSI: _____ Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1242 API Gravity Oil: 45
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Lisa Pfizenmaier

Title: Permit Technician Date: 5/13/2011 Email lpfizenmaier@gwogco.com
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Attachment Check List

Att Doc Num	Name
400163870	FORM 5A SUBMITTED
400163899	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)